

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Marcie Finney			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014		
Mailing Address 2508 College Ave			Amount 571.43		
City Fort Worth	State TX	Zip Code 76110	Transaction ID : SE.4702		
Purpose of Expenditure Services for Printing and Design of Door Hanger		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014		
Name of Federal Candidate TERRI LYNN LAND			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 88574.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Office Depot			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014		
Mailing Address 6600 N Military Trail			Amount 12.97		
City Boca Raton	State FL	Zip Code 33496	Transaction ID : SE.5039		
Purpose of Expenditure Supplies for Phone Centers		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014		
Name of Federal Candidate TERRI LYNN LAND			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 89132.98			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	584.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2014

Signature

Full Name of Payee Staples		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 500 Staples Dr		Amount <div> <div>MM / DD / YYYY</div> <div>545.07</div> </div>	
City	State	Zip Code	Transaction ID : SE.5040 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Farmingham	MA	01702	
Purpose of Expenditure Supplies for Phone Centers		Category/ Type	
Name of Federal Candidate TERRI LYNN LAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>89120.01</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	7048.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Date _____

Signature

MM / DD / YYYY

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 3 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 2857.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5041
Purpose of Expenditure Advertising Services and Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate TERRI LYNN LAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 12500.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5042
Purpose of Expenditure Advertising Services and Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate TERRI LYNN LAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15357.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	22989.85

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Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
09 / 20 / 2014

Signature